

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083

Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dsps.wi.gov

Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

APPLICATION FOR LICENSURE OF CEMETERY PRENEED SELLER

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

SECTION A: TO BE COMPLETED BY PRENEED SELLER

PRENEED SELLER IS:

- | | |
|---|---|
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Individual Person including Officer or |
| <input type="checkbox"/> Corporation | Partner who engages in preneed sales, |
| <input type="checkbox"/> Cemetery Association | employed by a registered preneed seller |
| <input type="checkbox"/> Municipality | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sole Proprietor | |

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) ____ - ____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ American Indian or Alaskan
☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander
☐ Hispanic ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

The cemetery preneed seller license expires on December 14 of the even-numbered year. It may be renewed for a two year period at that time.

BUSINESS OR OCCUPATION OF APPLICANT FOR THE LAST TWO YEARS

APPLICATION FEE: Please make check payable to Department of Safety and Professional Services and attach to this application.

- ☐ \$ 75.00 Initial credential fee
☐ \$ 195.00 Reinstatement fee

OFFICE USE ONLY

TYPE	HE CODE	REGISTRATION #	GRANT DATE
101	17		
DETAIL			

For Receipting Use Only

Wisconsin Department of Safety and Professional Services

STATEMENT OF ARREST OR CONVICTION: MARK AN X IN THE APPROPRIATE BOX.

If you answer **YES** to any questions, give all details on a separate sheet.

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| A. Has the applicant ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, OR are criminal charges or DWI charges currently pending against the applicant? <u>If YES, complete and attach Form #2252.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Has the applicant ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? <u>If YES, give details on an attached sheet, including the name of the profession and the agency.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Has any licensing or other credentialing agency ever taken any disciplinary action against the applicant, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? <u>If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Is disciplinary action pending against the applicant in any jurisdiction? <u>If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Have any suits or claims ever been filed against you as a result of professional services? <u>If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Does the applicant currently hold, or has the applicant in the past held, any credential (license) issued by the Department of Safety and Professional Services or any of the Boards? <u>If YES, what type of credential?</u> | <input type="checkbox"/> | <input type="checkbox"/> |

And if in another name, what name? _____

CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

_____ a citizen or national of the United States, or

_____ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

ALL APPLICANTS MUST COMPLETE THIS SECTION

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Signature of Applicant

Date

Wisconsin Department of Safety and Professional Services

SECTION B: TO BE COMPLETED BY THE PRENEED SELLER/EMPLOYER OF AN APPLICANT WHO IS OR WILL BE AN OFFICER, PARTNER OR EMPLOYEE OF THE PRENEED SELLER/EMPLOYER

1. NAME OF EMPLOYER EXACTLY AS IT APPEARS ON REGISTRATION CERTIFICATE

2. REGISTRATION NUMBER

3. DAYTIME TELEPHONE NUMBER
()

4. ADDRESS (Number, Street, City, State, Zip Code)

5. PRINT OR TYPE NAME OF EMPLOYER SIGNING BELOW

6. EMPLOYER CERTIFICATION

This is to certify that the applicant in Section A is competent to act as a preneed seller and that the employer will assume responsibility for the applicant pursuant to the Department rules.

Signature of Employer: Sole Proprietor, Officer
of Corporation or Association, Partner of a
Partnership, or Municipal Official

Title of Person Signing

Type or Print Name of Person Signing Above

Date

DETAILS

Wisconsin Department of Safety and Professional Services

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name	Middle Initial	Last Name
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Profession

Date of Birth
 month day year

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

EMAIL ADDRESS:

Do you have an email address? ☐ Yes ☐ No

If yes, this field is required to receive your application status electronically. Your email address must be clearly legible with the correct case sensitive information.

EMAIL ADDRESS: Submit your email address in the spaces provided below or attach a printer copy.

[illegible]

If no, your checklist will be sent by first class mail.

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.